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REPORT
OF THE
CITY OF GLASGOW
FEVER HOSPITAL,

From 1st May, 1868, to 30th April, 1869.

BY
DR. JAS. B. RUSSELL,
PHYSICIAN-SUPERINTENDENT.

PRESENTED TO THE FEVER HOSPITAL COMMITTEE OF THE BOARD OF POLICE,
26TH AUGUST, 1869, AND ORDERED TO BE PRINTED.

GLASGOW:
PRINTED BY ROBERT ANDERSON, 22 ANN STREET,
OFF JAMAICA STREET.
1869.

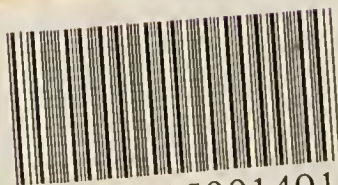
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Committee on Fever Hospital.

THE LORD PROVOST.

JOHN URE.

BAILIE WILLIAM MILLER.

WILLIAM BROWN.

„ MACDONALD.

JOHN CHALMERS.

WILLIAM SHARPE.

JAMES MOIR.

PETER DALLAS.

ROBERT SIMPSON.

THE LORD PROVOST, *Convener.*

PETER DALLAS, *Sub-Convener.*

Three a Quorum.

Meets every alternate Thursday, at 2.30 P.M.

Physician-Superintendent.

JAMES B. RUSSELL, B.A., M.D., 278 BATH STREET.

Resident Medical Officer.

GAVIN P. TENNENT, M.B., C.M.

Matron.

MISS JANE GIBSON.

Clerk and Storekeeper.

JOHN MUNRO.

C O N T E N T S.

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REPORT.

WHEN I state that at the date at which I write (August), the conclusion of *the first quarter of the new hospital year*, more than half as many cases as were treated during the *entire year* now to be reported upon have been admitted, my excuse for being so far behind with my Report will be understood. The current demands upon the time of all the officials of the Hospital have been so great that it has been difficult to accomplish a review of the past.

The general character of this my Fourth Annual Report is in one aspect highly favourable, in another not so much so. Financially, I believe it will be found that the expenditure has been less, relative to the number of patients, than in any previous year. This arises in part simply from the greater number of patients, the expense of administration being nearly permanent for all numbers; and partly also from the large proportion for whom payment was received. As regards the results of treatment, the past year has been the most unfavourable we have yet experienced, at any rate as regards Typhus, the disease which always predominates. It must of course be remembered that the results having been in previous years extremely good, there was room for deterioration without reaching a really large mortality. In my last Report (p. 6) I observed that "a mortality so low as 9 per cent. over all cases is not a rate which we can hope to maintain." The remark is certainly justified by the rise of the Typhus death-rate this year to 13·8 per cent. In the first year of the Hospital it was 11; in the second 12·5; in the third, as already stated, 9 per cent. The mortality of Typhus in the Royal Infirmary in 1868 was 14·8 per cent.

In the London Fever Hospital it was, for the same period, 15 per cent. We shall reserve for a future page some observations on the mortality at different periods of the year under review.

As to the domestic history of the Institution, there is but little to communicate which the Board does not already know through the minutes of the Fever Hospital Committee. The system of fortnightly inspections by members of this Committee has been maintained throughout the year; besides the frequent visits of the *Sub-Convenor*, Mr. Dallas, whose interest in the Hospital is most active. The Reports of these gentlemen will be found in the "Visitors' Book." It has been gratifying, as well as cheering, to the officials to learn the uniform approbation of the results of their labours therein expressed.

A change of considerable importance in the arrangement of the medical duties of the Hospital was effected at my request at the beginning of the year. After careful consideration the Committee recommended, and the Board agreed, that while continuing to be Physician-Superintendent, I should be non-resident, and that a resident medical officer should be appointed. Dr. Tennent entered upon his duty as Resident 1st July, 1868, and has proved himself an efficient and dutiful officer, in all respects worthy of the confidence of the Board. In April, owing to the great increase in the number of patients, I found it necessary to apply for an Extra-Resident Medical Officer. So soon as the patients begin to approach 100, two Residents are required. To make *a run* round an Hospital, although an easy, is not a good way of making a visit. I have always been in the habit myself, and I now require it from my assistants, of taking a complete note of the condition of each patient by the bed-side in the Ward Journal at least every morning and every evening. This insures deliberate study of each case, and the record remains both as a vivid and valuable history, and as a proof that proper attention was paid to the case. It will readily be understood that in this sense visiting twice a day 100

patients, or such of them as require medical observation, both occupies considerable time and makes great demands on mental energy. The written note of each patient requires a distinct process of thought, and the course from day to day must be followed up with distinctness, so that the individual case is not lost sight of. James Reid, M.B., was appointed Extra Assistant 12th April. Although now the post is not occupied by this gentleman, his professional plans having necessitated his resignation, there still is an extra assistant. As to the apportionment of the duties, I may explain that in general I visit the Hospital morning and evening. Wards 1 and 2 I keep entirely under my charge, receiving into the former the oldest female and into the latter the oldest male patients. So far as possible I see all the patients once a day, half in the morning and half in the evening, seeing, besides, such of the remainder as my assistants desire. Here, also, it seems appropriate to remark that Drs. Tennent and Reid rendered valuable aid in compiling the statistics on which this Report is based.

So soon as the Hospital became full (which it did at the end of the year under review), the accommodation for nurses and scrubbers was found to be deficient. The dormitories provided for these officials, according to the original plans, are 5 in number, with 3 beds in each—15 in all. There being 8 wards, for nurses alone 16 beds are required, without taking account of scrubbers, cook, &c. To provide for these, and still have spare room for extra nurses for extra cases, the accommodation ought to extend to about 25 beds. Rather than trespass upon the beds provided for patients, we had recourse to the disagreeable *dernier ressort* of making some of the official beds do double duty; but when it became apparent that the increase of patients was not merely temporary, we devoted the two small extra wards at the end of the two outermost pavilions to female officials, thereby reducing our accommodation for patients by 8 beds. This measure is objectionable, both as being a reduction of patients' accommodation, and as being after all uncomfortable. These extra wards

are separated from the sick wards only by wooden partitions, quite pervious to the noise of the delirious. It consequently was apparent to the Committee that additional accommodation must be had for nurses, &c., and the matter is under the consideration of the Master of Works.*

The question of accommodation being thus forced upon us, it seems to me, and I believe the Hospital Committee will agree with me in this, that it deserves liberal consideration with reference to the *entire* Hospital. It was originally erected under the "Glasgow Police Act, 1862," and was therefore intended to serve a merely temporary purpose. The "Glasgow Police Act, 1866" has, however, established it as a permanent adjunct to the Sanitary provisions of the City. But the temporary element in the original design has in many respects given the present erection features which otherwise it would not have possessed. Wood, the material so extensively employed in the present buildings, from its absorbent nature, is obviously objectionable when they are regarded as permanent. The plan of the administrative portion is also in part such as would not be proposed for a permanent structure. For example, each nurse certainly ought to have a room for herself. This is commendable both on general principles, and as being the usage in all well-ordered hospitals. Therefore, in any architectural change in the present buildings, it would be economical to have regard to the future. The lease taken by the Board of Police of the site expired on 28th May last; but the Board has entered on a feu-contract with the superior of the ground at the yearly feu-duty of £387 18s. Taking everything into consideration, probably no better site could be had for such an Hospital, so that to erect upon it more permanent structures is not a procedure which the Board could have any cause to regret. That a demand for increased accommodation for fever in the Magistrates' Hospital will arise there are decided grounds for believing. The Royal Infirmary requires all its beds for surgical and ordinary medi-

* *8th September.*—An addition, giving beds for 12 nurses, is now approaching completion.

cal cases. Even after the erection of the new University Hospital, the proportion of Hospital beds to the population will not be such as other cities possess. The treatment of fever in a General Hospital always necessitates special provisions for its segregation, and consequently the relief of those hospitals from the necessity for the accommodation of fever must always be welcome, and ultimately advantageous, to the public. These considerations gain additional force when the extension of the Municipal Boundaries which has been outlined, and will no doubt sooner or later be adopted, is taken into account. Any one who knows the suburban districts which are included within the boundaries described in the Minutes of the Committee on Municipal Extension of date 8th July, 1869, will foresee that certain fever-producing localities now beyond bounds will ultimately contribute their share of cases to the Hospital. The demands upon the City of Glasgow Fever Hospital will therefore be greatly increased, and it will be wise to have regard to those increased prospective demands, as well as to the permanency of the Institution in any present alteration.

Indeed, it seems to me that the hospital treatment of fever in Glasgow has hitherto been carried out on principles which are in every respect erroneous. Looking back over the history of successive epidemics which have passed over the community wave-like, with intervals of remission, we find that each wave has been met by expedients extemporized in the midst of its onset. The money expended has been drawn from the public purse by different channels. Whether in the form of Parochial or Police assessment, or of voluntary contributions to the funds of the Royal Infirmary, still the funds have been derived from one purse. Two evident disadvantages attend this *pro re nata* method. Large sums of money have been spent on perishable erections, and on the administration of those erections. The immediate crisis being passed, those temporary hospitals have been dismantled and their officials dispersed, leaving the City, after all, with nothing to represent the past outlay. Not only so, but valuable time is

lost in hesitation, tampering with a disease which, being grappled with at once, might have been "stamped out," or greatly mitigated. We may arrive at a just estimate of such a method of dealing with fever by supposing the same principles to be applied to the City Fire-brigade. If, during a few months, no fire had broken out, and, urged by a popular cry of economy, our civic rulers sold their fire-engines and disbanded their staff of firemen, then half the City might be burned before the fire-engines could be re-constructed and the brigade re-constituted. Just so is it with our provision for the treatment of fever. One winter's epidemic seizing upon the community will absorb the entire saving of years in which fever has been comparatively absent. One generation is economical, but only at the expense of another. Let us apply the same principles to the economics of fever as prevail in ordinary business transactions. The loss of one year is taken into account with the gain of another, and while the balance of one year may be unfavourable, the balance of a series of years displays a profit. These ordinary business principles have never yet been brought to bear on the management of fever in Glasgow; and the consequence is, that during the past twenty-five years an amount of public money has been expended through various channels which, if concentrated on the erection and maintenance of a permanent hospital or hospitals, would have placed the community in the position of being always prepared, and, taking one year with another, would have resulted in a clear saving. There are also advantages which cannot be represented in sums of money; and it is true that some disadvantages are more apparent than real. A fever hospital standing empty is being purified for future use. During the moderation of the disease, the wards may be occupied in rotation. Above all *it exists*; and in place of an intermittent outpouring of money on temporary and imperfect preparations, the public have no doubt a stated annual expenditure, but also permanent efficiency. The time for deliberating about a fever hospital is during the interval *when there is no fever in the City*. We surely do

not require to *see* the disease actually ravaging the people before we can be convinced that it is necessary to spend money in providing accommodation for its victims.

The questions of site, of the plan and material, of how far fever should be gathered together into one locality for treatment, and others, I do not now enter upon.

I may state, however, that I am not inclined to regard the unification of Fever Hospitals as of nearly so much practical importance as the unification of the interests which deal with fever. There is in reality but one interest, that of the public—of the City as a whole. Yet it is to be feared that sometimes the interests of a parish, the desire to throw the expense of treating a fever case from the Poor-rate on to the Sanitary Assessment, are allowed to supersede the interests of the public, not to speak of the interests of the individual patient. If the Parishes and Police Board would organise a *Fever Clearing-house system*, by which a monthly balance of fever liability might be made over all their hospitals, it might then be made certain that the officials of any department, becoming aware of a case of fever willing to go to Hospital, would remove it at once, without enquiring whether the person was a pauper, or “a case for the Sanitary Department,” whether “a line for the Infirmary” could be had, or if a pauper, what parish should take up the unfortunate. The result might be that some parish might have a larger sum to pay than it now has for the treatment of fever, but the public would not spend a penny more, and fever would be more effectively encountered.

The adaptation of the staff of nurses to the number of patients during the past year has been very difficult. Indeed, the difficulty of obtaining women suitable for nurses seems to be generally felt in the west, judging from the fact that during the past winter the Royal Infirmary, the Greenock Infirmary, and our own Hospital were advertising for nurses at one time. Having engaged nurses for a newly-opened ward, our troubles were not done. In a General Hospital you are sure of the services of a nurse, once selected, as long as

you please; but in a fever hospital, as it is but rarely possible to find a respectable woman who has had Typhus, there remains the painful anticipation of the inevitable illness, and the suspense awaiting its result. At one time four of my nurses were prostrated with fever. The expense of such a state of matters is perhaps the least worthy aspect in which it can be regarded. Still it deserves remark, as I believe it could be proved by substantial figures, that it would be more economical to maintain a staff, even when not needed, if seasoned by having passed through Typhus, than to disband it. The following is Miss Gibson's return of the changes in this department during the year:—

On staff 1st May, 1868, 7; subsequently engaged, 19,	...	...	26
Resigned, ...	...	...	7
Absconded, ...	...	...	1
Dismissed for drink, ...	...	...	2
Died, ...	...	...	2
		—	12
Remaining on staff 1st May, 1869, ...	...	...	14

This return shows a considerable improvement in the general *morale* of the staff. Still, from the impossibility of being so particular in choosing from among the few applicants, and the confusion incident to frequent illness, the standard of efficiency has not always been so high as I could have wished.

The number of patients admitted for payment was very large, and formed an important source of revenue to the Hospital. The particulars of this class are exhibited in Table No. VII. There were 489 payable by the City Parochial Board; 4 by the Gorbals Parochial Board; 2 by the Barony Parochial Board; 2 by the Royal Infirmary, and 8 by private parties—505 in all. Those charged to the Barony Parish were sent in by the City Parish by mistake, and were paid for by arrangement of the respective Inspectors. The two charged to the Royal

Infirmaries were cases living beyond the Police bounds who had Infirmary "lines," but whom the Infirmary was unable to accommodate. For a short time, in December last, the Royal Infirmary could not accommodate all who presented "lines." The Board of Police relieved that institution of such as were within their jurisdiction free of charge, but had of course no power to do so beyond their jurisdiction. The private cases were all treated in the open ward, and were all recommended to enter the Hospital by their medical attendants in town. Of course, such cases are received only when their presence does not encroach on the beds required for those who are the proper patients of the Hospital.

Patients have, as usual, been removed and admitted to the Hospital at all hours of the night. It is evident, from various indications, that the public, and even the profession, have not quite learned the principle which regulates the admission of patients. Rather, they have not unlearned the rigid method of dealing with fever which places some condition between the patient and the Hospital, which must be complied with even to the detriment of the individual and the public. Hence it seems difficult to be understood that, while it is desirable to pass every application through the Sanitary Office—59-61 College Street—and to send to the parish such as are parish cases, and to the Infirmary such as can procure "a line," these regulations are guarded with exceptional courses of action, which make it certain that in no case can the patient or the community suffer by delay in removal. In this way the officials of the Sanitary Office and the Fever Hospital enjoy a freedom of action which ensures that a fever patient can at any hour of any day obtain relief. Thus, on Sunday every applicant is received without enquiry; and any person appearing at the gate of the Fever Hospital at any time, and found on medical examination to have fever, is admitted. Still further, if a patient is found to be a proper object for parochial relief, and if either the friends who apply refuse to allow the patient to go to a parochial hospital, or the parish declines to admit the certificate of the medical attend-

ant on the ground that he is not a distriet parochial medical officer,* or if in any way there is likely to be delay, then an order is at once granted for admission to the Parliamentary Road Hospital—*salus populi suprema lex* being the sole motto of the Sanitary Department. Hence there is no doubt that a number of the patients treated by the Board of Police are undoubted pauper cases, and that so far the parishes, and especially the Barony, Govan, and Gorbals parishes, are relieved for the public good of the expense of treating many persons who would otherwise be a burden upon their rates.

During the period, 1st May, 1868, to 30th April, 1869, the total number of patients admitted was 1240. At the close of last year 65 were still under treatment, making a total of 1305, who are thus accounted for:—1022 dismissed; 171 died; and 112 remaining, to be carried to next year. Since the erection of the Hospital, 4074 persons have been admitted, 3477 dismissed, and 485 have died. Table No. I. shows the admissions, dismissions, and deaths, with the highest and lowest number in Hospital for each month in the year. The highest monthly admission was 216 in April, and the highest number under treatment at one time was 140, on the 21st day of April, 1869. The highest number in the Hospital at one time previous to this year was 108, on 31st January, 1868. We have thus had numerically more patients than beds, which, according to the original plans, number 136. I have, however, had an extra bed added to each convalescent ward, which makes a gross increase of eight beds, without diminishing the cubic space in the acute wards, which it would be very bad policy to attempt. It has thus been possible to accommodate all applicants, excepting one or two cases of Scarlet Fever, which could not be segregated, and were accordingly sent to the Infirmary at the expense of the Board of Police. The method of classifying the patients more or less according to age, as described in last Report (page 7) was followed so far as practicable; and for the same

* I believe that in this way paupers are frequently thrown upon the Board of Police by the officials of the Barony Parish.

reason, that the quality of the nursing might in some degree be proportioned to the severity of the cases. The last two columns of Table I. show the average daily number in the Hospital, and the number of nurses on the pay-sheet for each month.

In Table No. II., and subsequently, we speak of the results of treatment of all admitted during the year—those left over from last year having been already followed out in last Report, and those remaining at the close of the present year being also traced to their ultimate issue. In Table II., also, the numbers admitted monthly are classified according to the diseases from which they suffered. It will be seen that of the 1240 patients admitted in the year, 1023 were cases of Typhus, 91 of Enteric Fever, 34 of Scarlet Fever, only 2 of Small-pox, 4 of Measles, 24 of Febricula, and 62 of other diseases.

Typhus.—The general statistics of Typhus are given in Table No. III. The mortality was 13·8, the highest in the history of the Hospital; the next highest being 12·5 in 1866–67. In Table No. IV. the statistics of this Hospital from its opening, and also the statistics of the Glasgow Royal Infirmary, and London Fever Hospital for 1868, are printed in parallel columns. Comparing ourselves with ourselves, the year under review has produced in all respects the most unfavourable results. In comparison with the Royal Infirmary for 1868, it also appears that this Hospital scarcely maintained its former pre-eminence. In the aggregate the mortality is 1 per cent. lower in our Hospital; but as contrasted at the different periods of life, the Infirmary is most successful at eight periods, while we were at seven. From the ages 35 to 55 inclusive, our results are markedly more favourable than those of the Royal Infirmary; while above 55 the reverse is the case, but not markedly; while below 35 the Infirmary has also on the whole the better results. It is from the very decided superiority between 35 and 55 that our aggregate mortality comes out 1 per cent. less. Although 13·8 is still, absolutely considered, a satis-

16 *Relation of City Death-rate to Mortality of Typhus.*

factory result; since it is higher than we have been accustomed to, and since, I may add, writing so late in the current year, it still continues high, it seems worth while to look at the matter a little more closely. If we refer to Table II. in my Report for 1867-68, it will be seen that, although for that entire year the mortality was so low as 9 per cent., for the last month of the year (April) it was 14 per cent. In May, June, and July, the first quarter of 1868-69, the death-rate was 13 per cent.; in August, September, and October, it was 12·5 per cent.; in November and December, 11·8 per cent.; and in January and February, 9 per cent. These percentages prove beyond doubt that the change in the medical arrangements of the Hospital, which began 1st July, have not contributed to raise the mortality. In point of fact the mortality was high when the change was made, and *fell* steadily up to March. It was that fatal month of March, which left so dismal a mark on the general mortality table of the City, which, with the following month of April, raised the death-rate for the year to 13·8. *The aggregate mortality of the ten previous months is only 11·5 per cent.* In March the mortality was 17·7, and in April 18 per cent. During May and June it has continued almost as high. It is certainly reasonable to suppose that those members of a community suffering under a morbid agent, whatever may be its nature, such as has caused the enormous increase in the general mortality in Glasgow, who may be attacked by fever, will not thereby be exempted from the action of this agent, but will rather show a higher mortality than in ordinary states of public health fever alone would have produced. Of course a necessary condition is, that the increased general mortality does not itself arise from the prevalence of febrile disease. That fever is not the cause has been satisfactorily proved by the Medical Officer of Health in his "Report of the Health of Glasgow during the first Quarter of 1869." But still further, Dr. Gairdner has shown that circumstances have contributed to this mortality, which make those among whose ranks epidemic diseases chiefly

prevail, more unfit than usual, through general diminution of vital inertia, to withstand such diseases. It is dangerous at all times to trust to impressions as the basis of generalization regarding current phenomena. Nevertheless, a vivid impression has been left in my mind that during the past year there have been visible in my patients traces of long-continued underfeeding and general destitution, such as I at least have not previously recognized. Another remark may appropriately be made here with reference to the overcrowding, of which so much has been said, and which no doubt exists at this moment to a degree which has not been seen for some time in Glasgow. I have been struck with the bitter expressions of some of the more intelligent and respectable of my patients regarding this overcrowding. They seem to recognize in it the chief cause of their troubles; and especially with regard to Bennie's Court (285 Argyle Street), I have repeatedly heard them say that it would be a good thing if it were burned. I am inclined to agree with them. The future course of fever mortality will show whether the ideas thrown out in these remarks are correct, or are only specimens of those fallacies to which those who reason from statistics are so much exposed.

I have only two further remarks to make regarding the mortality. The first is, to point out the curious agreement in the experience of the Royal Infirmary and the Fever Hospital during the past year as to the vastly greater fatality of Typhus among males than among females. As a rule, in extensive aggregate statistics there is a difference of about 2 per cent., but in the present instance the male mortality was in the Infirmary almost exactly double that of the female, while in this Hospital it was half as large again. The other remark is that, as has always been our custom, every case which reached the Hospital alive is included in our statistics. In this way our death-rate is increased by 19 cases, which were moribund on admission, as is shown by the fact that 2 died within 12 hours after admission, 3 within 24 hours, 3 within 36 hours, and 11 within 48 hours—19 cases in all.

The proportion stimulated was 39 per cent., as against 35 per cent. in the previous year, a remarkably slight increase, considering the high mortality which, as I have shown in former Reports, generally brings with it a high percentage of stimulation, indicating increased general severity, as well as mortality. The stimulants were in much larger proportion than usual the most purely alcoholic—whisky and brandy.

Parochial and Non-Parochial Cases.—These are compared as to mortality and stimulation in Table No. V. Of the 427 parish cases of Typhus 16 per cent. died, and 39.8 per cent. were stimulated; while of the 596 non-parochial cases 12 per cent. died, and 39 per cent. were stimulated. Last year I pointed out (*Report*, p. 13) certain peculiarities which appear, from a comparison of the data as to stimulation and mortality, at the two extremes of age in both orders of cases. The more extended basis of induction afforded by the experience of the current year fully confirms inferences then made under reservation. Drawing the line this year five years earlier than last, we find that on the youthful side of 30, 4.7 per cent. of the parochial cases died, as contrasted with 8 per cent. of the non-parochial, and 22.5 per cent. were stimulated as against 31.4; while, above 30, 41.7 per cent. of the parochial cases were fatal as against 26.6 of the non-parochial, while 77.6 per cent. were stimulated as against 70 per cent. Fever is therefore enormously more fatal to the old than to the young pauper—that is to say, more fatal to a degree for which age alone will not account, but for an explanation of which we must look to “the dissipation and abandoned life which are so generally the basis of pauperism, and not to the effects of poverty and privation, pure and simple.” (*Report*, 1867-68, p. 14.)

The average residence of Typhus cases who recovered was 19.8 days, of those who died rather more than 6 days, and over all cases, 18 days. During the past year we have had several illustrations of the difficulty of retaining fever convalescents in Hospital a sufficient time to render them innocuous to others. It has become not an uncommon

denouement to our endeavours, especially if the patient is a young male, to have him escape over the paling which surrounds the Hospital, and send back the Hospital suit of clothes on his arrival home! The fact is that doctor and patient regard the duration of residence in Hospital from totally different points of view. The doctor thinks of the power of infection in such cases, while the patient is guided by his sense of restoration to health and vigour. Besides, I believe that there is a mental "glamour" attending a happy convalescence from fever which dims the recollection of former hardship, and makes poverty and rags more attractive than the comforts of the Hospital.

Enteric Fever is on the increase in Glasgow. In 1865-66 the number treated in this Hospital was 64; in 1866-67 it was 17; in 1867-68 it was 55; and in the last year, 1868-69, it was 91. The prevalence of Typhus in a community indicates, according to Murchison, "destitution and overcrowding," while the prevalence of Enteric Fever means "bad drainage and bad drinking water."* The investigation of the local incidence of Enteric Fever assumes, therefore, some practical importance. In my last Report I alluded to such an investigation which I had instituted, extending back to 1865, and founded on the conjoined statistics of the Royal Infirmary and the City of Glasgow Fever Hospital, which was subsequently published in the *Glasgow Medical Journal* for November, 1868. My conclusion from that investigation was this, that Enteric Fever "has no special habitat in Glasgow." The experience of the year under review in general confirms this inference. In the course of my published enquiry I compiled a list of the addresses of all cases of Enteric Fever admitted to these hospitals during three years and four months (244 in number) arranged according to the Sanitary Districts. It is interesting to compare the addresses of the present 91 cases with those in this list, and to remark how scattered, and, for the most part, unassociated, this fever is in the City, at least in so far

* *Report of the London Fever Hospital*, 1868, pp. 7 and 9.

as it comes under hospital treatment. It is but seldom that a number in a street, or even a street itself, reappears so often during these four years as to lead us to suspect more than a mere coincidence. Until this season no case had been admitted from the St. Enoch's district, which was remarkable, owing to its bordering the Clyde, but it has now contributed 10—a family of three from 297 Argyle Street, in October, 1868; three from 102 Broomielaw in February and March, 1869; and the rest in March from Robertson Lane, West Campbell Street, and Argyle Street. A noteworthy case of recurrence is furnished by the South Prison Police Section-house. In 1866 two constables were sent thence with Enteric Fever, and again in April last three were admitted. In previous years instances of the seizure of entire families were rare, but they have not been so this year. Springburn furnished two examples; and others occurred in Weaver Street, Townhead, and in Burgher Street, Camlachie. Of other streets which appear in my former list, and now reappear, I may mention Water Street, Port-Dundas: 12 East Rose Street, Greenvale; Tarbert Street; Canal Street, Abbotsford district; and Piceadilly Street. Cases occurred in 39 out of the 54 districts into which the City is divided. There is no doubt, seeing that the infecting elements of Enteric Fever are so well distributed over the City that, but for the absence of the great communicating medium bad water, we should have the disease epidemic among us, especially under the influence of the hot summers and mild winters which have been usual of late.

Table No. VI. gives the statistics of Enteric Fever. Of the 91 cases, 9 died, or somewhat less than 10 per cent. which is a small proportion. It will be observed how this fever tends to seize upon the young rather than the old; 73 out of 91 cases being below 25 years of age. The age of one patient was 53, the oldest person I have yet seen suffering from this disease. As a rule, Enteric Fever patients belong to a better class than Typhus patients, and so we find that only 20 out of the number were paupers. The comforts and conveniences of those who

are well-to-do bring with them their own dangers. There can be no doubt that the association and intermingling of domestic sewage and water-supply pipes exposes us at all times to the infection of Enteric Fever or any other disease whose poison can exist and be propagated in sewage matter. We have every facility given for local *explosions*. Accident may not present the opportunity for years; but when it does the outbreak follows; and we may assure ourselves that, but for the proximity of the two sets of pipes, the accident (pipe eaten through, joint defective, nail driven into pipe, &c.), would not have proved so disastrous in its results. The *average residence* of Enteric cases was 12 days for those who died, 28.4 for those who recovered, and 26.8 days over all cases. All were treated in the open ward; but, contrary to previous experience, three were seized subsequently with Typhus—a circumstance arising chiefly from the want of due care on the part of new nurses. Happily, all three passed safely through the trying ordeal thus imposed upon them.

Scarlet Fever.—34 cases were treated, and 7 died, or 20.5 per cent.—a high mortality. Of those who died 2 were moribund on admission, one dying 2, and another 18, hours thereafter. The *average residence* of those who recovered was 21.5 days, of those who died, 5.3 days, and over all cases, 18 days.

Small-pox.—Only two cases were treated, and both recovered. One was admitted in December, the other in January, and both were directly imported into the City. One was a girl from Paisley, the other a sailor from Hull, where he had been in contact with the disease. Three other cases sent in as Small-pox were found to be Measles, a mistake in diagnosis which is not uncommon in adults.

Measles.—Four were treated, of whom only one was sent in as Measles—a poor deformed child from the Town's Hospital, who died.

Other Diseases.—These represent the cases sent in through an error in judgment on the part of the medical attendant.

Out of 1240 cases only 60,* or exactly 4·8 per cent., were thus admitted. Last year the proportion was 4·6 per cent. In the London Fever Hospital the percentage of error was 18. The contrast is therefore extremely favourable to the practitioners of Glasgow. Indeed, it is questionable whether, making due allowance for the great difficulty of an accurate diagnosis in houses so dark that the medical man can hardly even see his patient, and in persons so dirty that the natural appearance of the skin is concealed, greater accuracy could be expected. The following is a list of the actual ailments of those persons :—

Disease.	Admd.	Died.	Disease.	Admd.	Died.
Pneumonia.....	34	6	Brought forward.....	48	11
Cerebral.....	4	3	Gonorrhœa.....	1	...
Bronchitis.....	1	...	Secondary Syphilis.....	1	...
Pleurisy.....	1	...	Uterine Phlebitis.....	1	1
Phthisis.....	2	...	Quiusy.....	1	...
Tubercular Peritonitis..	1	1	Synovitis.....	1	...
Jaundice.....	1	1	Tonsillitis.....	1	...
Bronchial Catarrh.....	1	...	Metritis.....	1	...
Amenorrhœa.....	1	...	Pityriasis Versicolor.....	1	...
Simple Cholera.....	2	...	Nothing.....	6	...
Carry forward.....	48	11	Total.....	62	12

When a person is sent in as suffering from fever, it is pretty certain that, whatever the disease may be, it is a severe one. This is sufficiently shown by the high mortality among the miscellaneous cases in fever hospitals. In our own Hospital, 19 per cent. of these cases died; in the London Fever Hospital, 20 per cent.; and in the Glasgow Royal Infirmary, 16 per cent. The fact, also, that five of the twelve cases which terminated fatally in this Hospital were moribund on admission is another proof of their uniform gravity. One of the cerebral cases died 13 hours, another 24 hours, after admission. One of the cases of Pneumonia died 15

* The two cases entered Simple Cholera were sent in as such, and so must be deducted, as not being erroneously diagnosed.

hours, another 24 hours, after admission. The case of Uterine Phlebitis lived only 36 hours. The two cases of Simple Cholera resembled Malignant Cholera in all respects, excepting in their favourable issue. The case of Pityriasis Versicolor was one which the use of the thermometer would have easily detected; so also was that of Secondary Syphilis (cutaneous eruption).

General Remarks regarding Patients.—Of the 1240 patients treated during the year, 489 were paupers chargeable to the City, 4 to the Gorbals, and 2 to the Barony Parish. Of the remainder, 8 were private patients, and were paid for by private parties, 2 were paid for by the Infirmary, leaving 735 to the charge of the Board of Police. Of the pauper patients, 70 died, and 45 were interred by the parish; of the others, 101 died, and 14 were interred by the Board of Police, the remainder in each case by the relatives. Exclusive of the Hospital officials, 11 employés of the Board of Police were treated, viz., 10 constables and 1 scavenger. The Hospital staff supplied 6 cases, all of Typhus—5 nurses, of whom 2 (Mrs. Sorlie and Mary Anne M'Arthur) died, and one scrubber. Mrs. Sorlie was in our service nearly five months, M'Arthur only three weeks. I attribute her early seizure to her devoted attention to a delirious lad, who happened to be in the ward of which she was put in charge. On the first morning of her appointment he escaped from her neighbour nurse, and rushed out of the ward. He was captured by the porter, and, being a strong young fellow, was secured with difficulty, and not before he had knocked down the new nurse once or twice, and struck the porter severely. With courage astonishing in a woman, who, till that hour, had never even seen a fever patient she ventured to loosen our canvas restraining sheet, and, by coaxing, soon had him perfectly under her control; but I believe the constant, close inhalation of the poisonous effluvia from this case was the means of giving her an illness which proved fatal, while the young man, the subject of her care, recovered. Both these nurses were interred in the Hospital lair at Sighthill, where

it became necessary to purchase additional ground, the former lair being full.

The Royal Infirmary Dorcas Society continues to maintain a branch at the Fever Hospital, and the matron has, from its charitable provision, been able to meet the necessities of those who seemed deserving. She states that during the year she has issued 366 articles of clothing to 136 individuals—viz., 248 articles to 94 females, and 118 articles to 42 males.

The excellent Chaplain of the Royal Infirmary, Mr. Topping, has again obliged us by officiating at the interment of the two nurses who died in our service. The Rev. Mr. Oswald still visits the Roman Catholic patients regularly.

FINANCIAL STATEMENT.

The financial aspect of the year 1868–69, as remarked at the beginning of the Report, is the most gratifying. Referring to previous years, we find that in 1865–66 the number of patients treated was 1318, with a working expenditure of £2200; in 1866–67 (the Cholera year), 547 patients, at a cost of £1850; in 1867–68, 969 patients, at a cost of £1910; in 1868–69, 1240 patients, at a cost of £1995. These sums show very clearly how little variation the number of patients makes in the current expenditure, and how, therefore, it happens that while in successive years there may be in one a startling expenditure for the work done, taking the aggregate there will be a balance on the right side. For example, during those four years 4074 patients were treated at a cost of £7955, which is less by £193 than they would have cost at £2 per head; so that now we have, so to speak, made up for the great loss on the Cholera year—which excited so much severe and unfair remark at the time—and still have a balance to be carried to the credit of the future Cholera years which will no doubt befall this large community. Although this is the money balance sheet for those four years, no one can suppose that it exhibits all the items, or even the most

important items, in a complete statement of the advantages derived by the public from the existence of the Institution.

As already stated, 1240 patients were treated at a working outlay of £1995; but 505 of these patients were paid for, the sum received being £1010, leaving as the actual expenditure £985 for 735 patients. At the ordinary rate of charge, these patients would have cost £1470 if treated elsewhere. The saving to the Board on the year amounts, therefore, to the sum of £485. The largest item is for Provisions. With the advice and aid of the Hospital Committee, and the experienced help of the storekeeper, Mr. Munro, in the arrangement of contracts and the purchase of provisions, &c., the Hospital has been supplied with the best articles at the cheapest rate. Under the supervision of the Matron, their preparation in the kitchen has been conducted with the greatest care and economy. The former system of diets and diet-sheets continues in use. Dr. Tennent has checked the entries in the Hospital Provision Book, while I have compared the result with the purchases, and the balance obtained with the stock in hand, with a satisfactory result.

Glancing at the various items of expenditure, a few remarks are occasionally suggested. Although about 300 more patients were treated this year than last, the item "Provisions" is only some £40 more; because food has been on the whole cheaper. Thus the charge for Bread was £5 less although the consumption was 760 lbs. more; for Potatoes it is only 4s. more, although the quantity is greater by 15 cwt. There is also a saving in Tea, owing to a change of market. Liebig's Extract of Beef is now more largely used in the Hospital, as I believe it to be a most useful preparation. In "Firing, Lighting, and Cleaning," there is a saving of £30 as compared with last year. This has been effected entirely in the article Coal, partly by the deduction of cartage (the Coal being driven by the vanman with our own cart, thus saving £17), partly by the greater use of dross in firing the furnaces,

and partly by the substitution of sulphur fumes for dry heat in disinfection. In the "Expenses of Horse and Van" there is also a clear saving this year of £30 for "horse-hire"—this being the first entire year in which we had the benefit of our own horse. The "Repairs and Jobbing Accounts" are nearly twice as heavy in amount as they were last year. The tear and wear of constant usage must necessarily keep up the charges under this head in future years. The item "Sundry Furnishings" is also exactly double this year. This represents partly deterioration of stock and partly additions necessitated by increase in the number of patients. For instance, one item under this head is the sum of £40 for "Clothing for Convalescents"—*i.e.*, clothing for the use of the patients while convalescing in the Hospital. These and other items are charged to annual outlay, as no percentage has hitherto been added to represent the loss from the annual deterioration in value of the furnishings.

The following calculations represent the Expenditure in various aspects:—

Average Daily Number of Patients,	60
" Residence of Typhus Cases,	18 days.
" " Enteric Fever Cases,	26·8 "
" " Scarlet Fever Cases,	19 "
" " All Cases,	18·4 "
£ s. d.	
" Daily Expenditure, $\frac{£1995}{365} =$	5 9 $3\frac{3}{4}$
" " Cost of Patients, $\frac{£5 \ 9 \ 3\frac{3}{4}}{60} =$	0 1 $9\frac{3}{4}\cdot45$
" Cost of Typhus Case, (1s. 9d. $3\cdot45$ farthings) $\times 18 =$	1 12 $9\frac{1}{2}$
" " all Cases, (1s. 9d. $3\cdot45$ farthings) $\times 18\cdot4 =$	1 13 $6\frac{1}{4}$

As usual, I give, at page 44, a "Classification of Expenses with regard to Patients;" and on the data therein contained the following Table is founded.

Comparative "Direct" Expenditure in various years. 27

		Average Expense of the Hospital per day.				Average Expense of a Patient per day.				Average Expense of Treatment of a Patient.			
		£	s.	d.	q.	£	s.	d.	q.	£	s.	d.	q.
Direct.	{ Food,	1	4	2	0.30	0	0	4	3.33	0	7	4	3.67
	{ Stimulants,	0	3	10	1.94	0	0	0	3.09	0	1	2	0.85
	{ Medicine,	0	1	9	2.97	0	0	0	1.44	0	0	6	2.49
Indirect.	{ Official,	2	13	5	2.43	0	0	10	2.72	0	16	4	2.96
	{ Conveyance,	0	3	7	0.28	0	0	0	2.87	0	1	1	0.80
	{ Firing, &c.	0	11	1	2.05	0	0	2	0.90	0	3	4	3.76
Totals,		5	9	3	3.11	0	1	9	3.36	1	13	6	0.31

The "direct" expenditure is that part of the annual outlay which strictly depends upon the number of patients; while the "indirect" is that which, while slightly dependent on the number of patients (as in the "official" item), is also partially dependent simply on the existence of the Hospital, and in no respect is purely governed by the number of patients. In the following Table the "direct" expense per patient per day, and per patient for the duration of treatment, are contrasted for the four years during which the Hospital has existed.

	Average "Direct" Expense per Patient per Day.								Average "Direct" Expense of Treatment per Patient.															
	1865-6.			1866-7.			1867-8.			1868-9.			1865-6.			1866-7.			1867-8.			1868-9.		
	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.
Food,	0	5	0.14	0	6	1.38	0	5	1.08	0	4	3.33	7	4	0.0	8	4	1.0	7	10	3.4	7	4	3.67
Stimulants,	0	1	0.00	0	0	3.94	0	0	3.14	0	0	3.09	1	5	2.0	1	3	2.0	1	2	0.3	1	2	0.85
Medicine,	0	0	2.02	0	0	2.25	0	0	1.16	0	0	1.44	0	8	3.0	0	9	0.0	0	5	0.7	0	6	2.49
Total "Direct" Expense,	0	6½		0	7¾		0	6¼		0	5¾		9	6¼		10	4¾		9	6		9	1¾	

It will be seen from this Table that the personal expense per patient was very decidedly lower last year than it has ever been. Food, medicine, and stimulants were provided at the cost of 5¾d. per day, or during the eighteen days of average residence for the small sum of 9s. 1¾d. The items of

this expenditure are interesting in their relative proportion, and afford an instructive illustration in little of the principles on which fever is now managed. Of the 5 $\frac{3}{4}$ d. expended on a fever patient per day, only 1d. is spent on stimulants and medicine; the rest is spent on food. This has all along been, with but little variation, the proportion. Thus, in my First Annual Report (p. 43) we read—"Stimulants, usually thought the most expensive item in the treatment of fever, are defrayed by a penny per day for each patient, and medicine by one halfpenny." The case is now the opposite of that of Falstaff's tavern bill—"One halfpennyworth of bread to an intolerable deal of sack."

APPENDIX TO REPORT.

TABLES REFERRED TO IN REPORT.

ABSTRACT OF WORKING EXPENDITURE.

TABLE No. I.

*Monthly Admissions, Dismissions, and Deaths from all Causes,
during Year 1868-9.*

MONTH.	Admitted.	DISMISSED.		NUMBER IN HOUSE.		Average Number in Hospital.	Number of Nurses on Pay-Sheet.
		Well.	Died.	Highest.	Lowest.		
1868.—May,.....	75	80	14	67	39	53	7
June,.....	62	72	8	48	28	38	7
July,.....	54	48	8	36	25	31	6
August,.....	66	45	8	44	18	31	6
September,...	57	54	13	44	28	36	6
October,.....	75	51	9	46	28	37	6
November,....	74	58	4	57	42	49	6
December,....	132	97	17	86	56	71	9
1869.—January,.....	104	103	12	78	59	69	9
February,.....	129	96	7	93	62	77	9
March,.....	196	134	35	116	93	105	11
April,.....	216	184	36	140	110	125	14
Total, 1868-9,.....	1240	1022	171				
“ 1867-8,.....	969	832	96				
“ 1866-7,.....	547	478	79				
“ 1865-6,.....	1318	1145	139				
Grand Total,.....	4074	3477	485				

TABLE No. II.

*Monthly Admissions of various Diseases, with Number of Deaths from each,
after Treatment.*

MONTH.	TYPHUS.		ENTERIC FEVER.		SCARLET FEVER.		SMALL-POX.		MEASLES.		FEBRICULA.	OTHER DISEASES.		TOTAL.	
	Adm'd.	Died.	Adm.	Died.	Adm.	Died.	Adm.	Died.	Adm.	Died.		Adm.	Died.	Adm.	Died.
May,.....	64	10	2	1	...	...	...	...	...	...	2	7	1	75	12
June,.....	49	4	1	...	3	1	...	...	...	...	1	8	...	62	5
July,.....	47	7	1	...	...	...	...	...	1	...	...	5	2	54	9
August,.....	53	8	8	2	1	...	...	...	...	...	...	4	...	66	10
September,...	35	5	7	1	4	2	...	...	...	...	5	6	2	57	10
October,.....	56	5	8	1	9	3	...	...	...	...	...	2	2	75	11
November,...	61	3	4	...	3	..	...	...	...	...	...	6	1	74	4
December,...	99	16	14	2	8	1	1	...	2	1	5	3	...	132	20
January,....	84	7	5	...	6	...	1	...	...	...	3	5	...	104	7
February,....	101	10	22	1	...	...	...	...	...	...	3	3	1	129	12
March,.....	180	32	10	...	...	...	...	...	1	...	...	5	3	196	35
April,.....	194	35	9	1	...	...	...	...	...	...	5	8	...	216	36
Total,.....	1023	142	91	9	34	7	2	...	4	1	24	62	12	1240	171
Former Yrs.,	2333	248	136	21	61	12	55	4	4	...	59+	146	21	2834	320
Grand Total,	3356	390*	227	30	95	19	57	4	8	1	83+	208	33	4074	491

* 11.6 per cent.

+ 1 died.

TABLE No. III.

Statistics of Typhus, 1868-9, showing Number Treated and Stimulated at Quinquennial Periods of Age in each Sex, with Totals and Percentages for each Age.

AGE.	Treated.		Died.		Stimulated.		Total Treated.	Total Died.		Total Stimulated.	
	M.	F.	M.	F.	M.	F.			Per Cent.		Per Cent.
0—4,	19	20	3	1	3	1	39	4	10·3	4	10·2
5—9,	58	54	...	...	3	9	112	...	...	11	9·8
10—14,	109	101	1	3	19	20	210	4	1·9	39	18·6
15—19,	78	98	6	6	26	25	176	12	6·8	51	28·4
20—24,	61	65	6	9	22	31	126	15	11·9	53	42·
25—29,	47	44	11	4	26	22	91	15	16·4	48	52·7
30—34,	28	36	10	8	21	22	64	18	28·1	43	67·2
35—39,	30	39	8	9	21	27	69	17	24·6	48	69·5
40—44,	26	30	12	5	21	19	57	17	31·5	40	70·
45—49,	25	13	12	4	21	10	37	16	40·5	31	84·
50—54,	14	8	6	2	12	6	22	8	36·3	18	81·8
55—59,	9	3	7	2	9	3	12	9	75·	12	100·
60—64,	3	2	2	2	2	2	5	4	80·	4	80·
65—69,	2	1	2	1	2	1	3	3	100·	3	100·
All Ages,...	509	514	86	56	208	198	1023	142	13·8	405	39·5

TABLE No. IV.

Comparative Table of Mortality of Typhus at Quinquennial Periods of Age in this Hospital, Years 1865-6, 1866-7, 1867-8, and 1868-9; London Fever Hospital, 1868; and Glasgow Royal Infirmary, 1868.

AGE.	CITY OF GLASGOW FEVER HOSPITAL, 1868-9.			CITY OF GLASGOW FEVER HOSPITAL, 1867-8.			CITY OF GLASGOW FEVER HOSPITAL, 1866-7.			CITY OF GLASGOW FEVER HOSPITAL, 1865-6.			GLASGOW ROYAL INFIRMARY, 1868.			LONDON FEVER HOSPITAL, 1868.		
	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.
0-4,	39	4	10.3	62	3	4.83	14	...	...	48	6	12.5	8	...	...	35	1	2.8
5-9,	112	...	...	124	...	...	49	...	...	172	2	1.16	34	...	...	151	1	.06
10-14,	210	4	1.9	152	6	3.94	73	...	...	245	3	1.22	67	1	1.5	293	3	1.36
15-19,	176	12	6.8	116	3	2.58	60	...	5.	204	15	7.3	159	13	8.17	342	16	4.67
20-24,	126	15	11.9	89	3	8.98	53	6	11.3	126	16	12.6	113	14	12.38	239	20	8.36
25-29,	91	15	16.4	64	8	9.37	25	3	12.	78	11	14.1	58	4	6.89	191	25	13.08
30-34,	64	18	28.1	45	4	8.86	27	5	18.5	80	15	18.7	49	8	16.32	140	25	17.8
35-39,	69	17	24.6	43	9	20.93	22	5	22.7	68	15	22.	38	10	26.3	166	29	17.4
40-44,	56	17	31.5	41	11	26.82	23	6	22.2	55	17	30.9	29	13	44.82	164	44	26.8
45-49,	38	16	40.5	31	11	35.48	16	7	43.7	33	7	21.2	21	11	52.38	98	51	52.04
50-54,	22	8	36.3	17	5	29.41	8	4	50.	17	6	35.2	21	8	38.09	66	37	56.06
55-59,	12	9	75.	7	3	42.85	5	3	60.	18	9	50.	10	2	20.	33	17	51.5
60-64,	5	4	80.	2	1	50.	7	4	57.	5	3	60.	8	4	50.	33	16	48.4
65-69,	3	3	100.	2	2	100.	1	...	...	4	2	50.	4	3	75.	15	10	66.6
70-74, .....	...	...	...	...	...	...	1	1	100.	...	...	...	2	1	50.	4	2	50.
75-79, .....	...	...	...	...	...	...	...	...	...	...	1	100.	...	...	...	...	...	...
All ages, ...	1 023	142	13.8	795	72	9.05	384	48	12.5	1154	128	11.09	620	92	14.83	1970	297	15.1

TABLE No. V.

Comparison of Parochial and Non-Parochial Cases as to Stimulation.

AGE.	PAROCHIAL.					NON-PAROCHIAL.				
	Treated.	Died.	‡ Cent.	Stimulated.	‡ Cent.	Treated.	Died.	‡ Cent.	Stimulated.	‡ Cent.
0—4,	22	2	9·	2	9·	17	2	11·7	2	11·7
5—9,	51	...	...	5	9·8	61	...	...	6	9·9
10—14,	82	3	3·6	15	18·3	128	1	·7	24	18·7
15—19,	60	3	5·	16	26·6	116	9	7·7	35	30·1
20—24,	48	3	6·2	17	35·4	78	12	15·3	35	44·8
25—29,	30	3	10·	11	36·6	61	12	19·6	37	60·6
30—34,	33	13	39·3	25	75·7	31	5	16·1	18	58·
35—39,	25	4	16·	15	60·	44	13	29·5	33	75·
40—44,	22	11	50·	17	77·2	35	6	17·1	23	65·7
45—49,	29	13	44·8	24	82·7	8	3	37·5	7	87·5
50—54,	12	5	41·6	10	83·3	10	3	30·	8	80·
55—59,	10	7	70·	10	100·	2	2	100·	2	100·
60—64,	2	2	100·	2	100·	3	2	66·6	2	66·6
65—69,	1	1	100·	1	100·	2	2	100·	2	100·
	427	70	16·3	170	39·8	596	72	12·	234	39·2

TABLE No. VI.

Statistics of Enteric Fever, 1868-9, showing Number Treated and Stimulated at Quinquennial Periods of Age in each Sex, with Totals and Percentages for each Age.

AGE.	Treated.		Died.		Stimulated.		Total Treated.	Total Died.		Total Stimulated.	
	M.	F.	M.	F.	M.	F.			‡ Cent.		‡ Cent.
0—4,	2	2	...	...	...	...	4	...	...	...	...
5—9,	2	6	...	...	1	1	8	...	...	2	25·
10—14,	13	6	...	2	3	2	19	2	10·5	5	26·3
15—19,	14	8	2	1	4	3	22	3	13·6	7	31·9
20—24,	11	9	2	1	4	4	20	3	15·	8	40·
25—29,	6	1	...	...	...	...	7	...	...	...	...
30—34,	5	...	1	...	3	...	5	1	20·	3	60·
35—39, .....	...	3	...	...	...	2	3	...	...	2	66·6
40—44,	1	1	...	...	...	...	2	...	...	...	...
45—49, .....	...	...	...	...	...	...	...	...	...	...	...
50—54, .....	...	1	...	...	...	...	1	...	...	...	...
All Ages, ...	54	37	5	4	15	12	91	9	9·9	27	29·6

TABLE No. VII.

Classification of Patients, 1868-9, showing against whom they were chargeable.

MONTH.	City Parish.	Gorbals Parish.	Barony Parish.	Glasgow Royal Infirmary.	Private.	Police Board.	TOTAL.
1868.							
May,	27	...	...	...	...	48	75
June,	29	...	...	...	...	33	62
July,	12	...	...	...	...	42	54
August,	21	...	...	...	1	44	66
September,	17	...	...	...	...	40	57
October,	22	...	...	...	...	53	75
November,	38	...	...	...	1	35	74
December,	54	...	...	2	1	74	132
1869.							
January,	41	...	...	...	1	62	104
February,	53	...	...	...	...	76	129
March,	81	3	2	...	4	106	196
April,	94	1	...	...	...	121	216
	489	4	2	2	8	735	1240

A B S T R A C T

OF

WORKING EXPENDITURE

OF

THE CITY OF GLASGOW FEVER HOSPITAL,

From 1st MAY, 1868, to 30th APRIL, 1869.

PAGE*							
37. Provisions,	£651	19	2				
38. Wines and Spirits,	54	4	10				
38. Malt Liquors,	21	4	6				
38. Aerated Drinks,	11	0	0				
39. Household Expenses and Matron's Sundries,	53	17	0				
40. Firing, Lighting, and Cleaning,	203	1	0				
41. Medicines,	33	1	4				
41. Stationery,	13	4	3½				
42. Expenses of Horse and Van :—							
Provender,	£58	0	10				
Miscellaneous,	7	9	3				
		65	10	1			
43. Salaries,	306	0	0				
43. Wages,	389	7	2				
43. Repairs, and Jobbing Accounts,	63	19	7				
43. Sundry Furnishings,	117	10	7				
44. Miscellaneous Accounts,	11	16	8				
	£1995	16	2½				
Say	1995	0	0				
Less Receipts from City Parochial Board and others,	1010	0	0				
Actual Expenditure,	£985	0	0				

* Details will be found at the pages indicated.

WINE AND SPIRITS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED.		IN STOCK.		CONSUMED.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
Port Wine,.....	11½ dozen,	£13 6 0	1½ dozen,	£1 8 0	9½ dozen,	£11 18 0
Whisky,	28½ gallons,	23 1 4			28½ gallons,	23 1 4
Brandy,	16½ gallons,	19 16 0	3½ bottles,	0 15 0	15½ gallons,	19 1 0
Claret,.....	½ dozen,	0 7 6	2 „	0 3 0	¼ dozen,	0 4 6
		<u>£56 10 10</u>		<u>£2 6 0</u>		<u>£54 4 10</u>

MALT LIQUORS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED.		IN STOCK.		CONSUMED.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
Ale,.....	114 dozen,	£12 16 6	—	—	114 dozen,	£12 16 6
Porter,.....	84 dozen,	8 8 0	—	—	84 „	8 8 0
		<u>£21 4 6</u>				<u>£21 4 6</u>

AERATED DRINKS.

ARTICLE.	PURCHASED AND CONSUMED.	
	Quantity.	Cost.
Soda Water,	44 dozen syphons,	£11 0 0

HOUSEHOLD EXPENSES AND MATRON'S SUNDRIES.

MONTH.	BUTCHER.	GROCER.	PETTY CASH BOOK.	TOTAL.
1868.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
May,	1 8 9	0 9 11	1 14 10	3 13 6
June,	2 1 6	0 8 4	2 4 11	4 14 9
July,	2 7 0	0 7 11	2 7 1	5 2 0
August,	2 1 9	0 11 3	1 11 3	4 4 3
September,	2 2 8	0 7 2	1 11 11	4 1 9
October,	1 14 1½	0 8 9	1 7 1	3 9 11½
November,	1 12 11	0 8 4	1 5 8	3 6 11
December,	1 18 1½	0 10 1	2 3 2	4 11 4½
1869.				
January,	1 19 9	0 9 3	1 13 6	4 2 6
February,	2 5 4½	0 9 4	1 15 9	4 10 5½
March,	2 16 2½	0 9 4	2 2 6	5 8 0½
April,	3 10 2½	0 10 1	2 11 3	6 11 6½
	25 18 4	5 9 9	22 19 8	53 17 0

FIRING, LIGHTING, AND CLEANING.

Coal—Purchased and Consumed—Coal, 185 Waggon,	£76 0 3
" " Dross, 91 " 21 cwt.,	21 9 0
" " Cartage,	0 16 8
	£98 5 11
GAS—Charge for Year,	59 5 0

ARTICLE.	IN STOCK AND PURCHASED.		IN STOCK.		CONSUMED.	
	QUANTITY.	COST.	QUANTITY.	COST.	QUANTITY.	COST.
Soft Soap,	36½ Firkins,	£22 1 4	1 Firkin,	£0 12 0	35½ Firkins,	£21 9 4
	Cwt. Qrs. Lbs.		Cwt. Qrs. Lbs.		Cwt. Qrs. Lbs.	
Hard Soap,	2 0 25.	3 10 1	0 2 25½	1 3 8	1 1 27½	2 6 5
Soda,	14 1 17	4 6 5	—	—	14 1 17	4 6 5
Sundries,	—	0 8 0	—	—	—	0 8 0
		£30 5 10		£1 15 8		28 10 2

STRAW FOR HOSPITAL BEDDING.—Purchased and in Stock, 445 stones,		£19 14 11
In Stock, 60 "		2 15 0
Consumed, 385 stones		16 19 11
		£203 1 0

MEDICINES.

Amount of Druggists' Account during Year,	£40	2	5
Less for "Liebig's Extract," charged to			
Provisions,	£10	12	6
Less Discount on Balance,	1	9	5
			12 1 11
			£28 0 6
Charged to this Item from Superintendent's Sundries			
Accounts—Ice,	£0	11	1
Cotton Wadding,	0	9	0
Carbolic Acid,	2	7	6
Disinfecting Powder,	1	13	3
			5 0 10
			£33 1 4

STATIONERY.

Total for the Year,	£13	4	3½
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EXPENSES OF HORSE AND VAN.

PROVENDER—

Article.	PURCHASED AND STOCK.		IN STOCK.		CONSUMED.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
Hay.....	124 cwt. 1 qr.	£40 7 9	5 cwt.,	£1 12 6	119 cwt. 1 qr.,	£38 15 3
Oats,	6 bolls 2 bshs.,	8 1 6	—	—	6 bolls 2 bshs.,	8 1 6
Beans,.....	3 bolls 1 bsh.,	4 6 8	—	—	3 bolls 1 bsh.,	4 6 8
Barley,.....	3 bolls 1 bsh.,	5 4 5	—	—	3 bolls 1 bsh.,	5 4 5
Bran,.....	6 bags,	1 19 6	1 bag,	0 6 6	5 bags,	1 13 0
		<hr/> £59 19 10		<hr/> £1 19 0		<hr/> £58 0 10
						<hr/> £58 0 10

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MISCELLANEOUS—Tolls, Pontages, Boys for holding Horse, and Sundries entered in Vanman's Pass-Book, and

charged in Superintendent's Sundries Accounts,..... £5 18 0

Saddler—Sundries,..... 1 1 9

Shoeing, Sharpening, &c., 1 16 0

8 15 9

£66 16 7

1 6 6

Less Credited to this Account from Petty Receipt-Book,.....

£65 10 1

SALARIES.

Physician-Superintendent,.....	£156	13	4
Resident Medical Officer,.....	83	6	8
Extra Resident Medical Officer,.....	6	0	0
Matron,	60	0	0
	<u>£306</u>	<u>0</u>	<u>0</u>

WAGES.

Storekeeper,.....	£65	3	7
Gatekeeper,.....	41	19	3
Vanman,.....	41	14	3
Under Porter,.....	36	2	0
Cook,.....	15	0	0
Laundrymaid,.....	12	3	4
Private Servant,.....	12	0	0
Nurses,.....	130	5	4
Scrubbers,	34	19	5
	<u>£389</u>	<u>7</u>	<u>2</u>

REPAIRS AND JOBBING ACCOUNTS.

Plumber,.....	£23	5	1
Glazier,	1	2	0
Printer, including Printing Report, 1867-8,.....	16	19	0
Smith,.....	0	7	2
Mason,.....	11	19	10
House Painter,.....	2	12	8
Asphalter,	3	11	8
Slater,.....	4	2	2
	<u>£63</u>	<u>19</u>	<u>7</u>

SUNDRY FURNISHINGS.

Brushes,	£6	1	6
Water Pillows, &c.,	4	5	6
Clothing for Convalescents,	40	5	3
Upholsterer,	19	1	6½
Pottery,	6	3	8
Soft Goods,	4	17	6
Hardware,.....	5	9	6
Cordage,	0	13	0
Window Blinds,.....	4	18	8
Cutlery,.....	1	6	9
Shoes for Convalescents,	9	13	10
Shroud Cloth,.....	3	15	7
Clockmaker,	2	10	0
Wright,	4	1	9½
Optician,	4	6	6
	<u>£117</u>	<u>10</u>	<u>7</u>

MISCELLANEOUS ACCOUNTS.

Interment of 13 Bodies,	£11	5	0
„ Dues at Sighthill for Nurse,.....	0	11	0
	£11	16	0
Advertising for Nurses,	1	5	6
Superintendent's Sundries,.....	£8	19	7
Deduct charged to Horse and Van Account £5 18s.; to Medicine Account 11s. 1d.,.....	6	9	1
		2	10 6
		15	12 0
Less Credited to this amount from Petty Receipt-Book,.....	3	15	4
	£11	16	8

ACCOUNTS PROPERLY NOT CHARGEABLE TO
ANNUAL OUTLAY.

Painting of Buildings,	£81	0	0
Rent of Ground,.....	150	0	0
	£231	0	0

CLASSIFICATION OF EXPENSES WITH REGARD TO
PATIENTS.

DIRECT.	FOOD,.....	£441	3	1½
	STIMULANTS,.....	Wine and Spirits,.....	£54	4 10
		Malt Liquors,.....	5	9 1½
		Aerated Drinks,.....	11	0 0
			70	13 1½
	MEDICINES,.....		33	1 4
	OFFICIAL,.....	Provisions,	£210	16 0½
		Domestic Expenses,.....	53	17 0
		Malt Liquors,.....	15	15 4½
		Salaries,.....	306	0 0
INDIRECT.		Wages,.....	389	7 2
			975	15 7
	CONVEYANCE TO HOSPITAL,.....		65	10 1
	FIRING, LIGHTING, CLEANING, and Straw for Beds,.....		203	1 0
	VARIOUS,.....	Repairs and Jobbing,....	£63	19 7
		Stationery,.....	13	4 3½
		Sundry Furnishings,....	117	10 7
		Miscellaneous,	11	0 5½
			205	14 11
			£1995	0 0



